

Meeting of Primary Care Commissioning Committee

Date: Tuesday 27th July 2021
Time: 9:30am – 11:45am
Location: Virtual – Microsoft Teams

Agenda Number :	11
Title:	Primary Care Contracts and Performance, Premises, Quality and Resilience Report
Purpose: For Information	
Key Points for Discussion:	
The purpose of this paper is to update the Committee on the status of BNSSG primary care contracts and provide a summary of performance issues.	
Recommendations:	The Committee are asked to note the contents of this report for information
Previously Considered By and feedback :	Not Applicable
Management of Declared Interest:	Not Applicable
Risk and Assurance:	There are no specific risks highlighted in this paper this month. Any risks associated with contractual changes will be highlighted via separate papers
Financial / Resource Implications:	There are no specific financial resource implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant financial implications.
Legal, Policy and Regulatory Requirements:	There are no specific legal implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant legal implications.
How does this reduce Health Inequalities:	Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.
How does this impact on Equality & diversity	Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

Patient and Public Involvement:	Whilst there has not been consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services.
Communications and Engagement:	There are no specific communication issues highlighted as a result of this paper. Any contractual change requests that require further engagement will be highlighted via separate papers.
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Sponsoring Director / Clinical Lead / Lay Member:	Lisa Manson, Director of Commissioning

Agenda item: 11

Report title: Primary Care Contracts, Performance, Quality, Resilience and Premises Report – July 2021

1. Background

The paper provides a summary of the contractual status of the contracts held across the Primary Care Contract portfolio. This includes all GMS / PMS and APMS contracts as well as the locally commissioned Improving Access to General Practice Contract.

2. Current Contracts Background

CCG	APMS	PMS	GMS	Total
Bristol, North Somerset and South Gloucestershire (BNSSG)	8**	63	10	81

**APMS contract for SAS included

a. Single handed Contractors holding GMS/PMS contracts

Practice	Code	List Size (01/01/20)	Contract Type
Helios Medical Centre	L81622	4,778	PMS

A formal notification was received on 27/01/2020 which confirmed Helios Medical Centre became a single handed practice on 30/09/2019 when a non-medical partner retired and removed himself from the contract. The Single Handed Partner Assurance framework has been shared with the practice for completion.

3. Procurements / APMS Contract Expiries

a. APMS Contract Expiries

Practice	Locality	Contract Type	Agreed End date	Notes
Horizon Health (Weston)	North Somerset	APMS	31/10/19 Proposed 12/06/2020	Variation to 12/06/20 out for signature. Further extension to 12-06-21 with Pier for signature
Charlotte Keel Medical Practice	ICE	APMS	31/03/2022	Agreed extension for 2 years.

Practice	Locality	Contract Type	Agreed End date	Notes
Broadmead Medical Centre (Y02578)	ICE	APMS	30/09/2031	With option to extend by 5+5 years
Homeless Health Service (Y02873)	ICE	APMS	30/09/2021	With option to extend by 5+5 years
Emersons Green Medical Centre (L81362)	South Glos	APMS	31/01/2032	With option to extend by 5+5 years
Graham Road	Weston & Worle	APMS	12/06/2021	Agreed 4 year extension of contract, starting from 13 June 2021.
Bridge View Medical Special Allocation Scheme	N/A	APMS	30/06/2023	Agreed 2 year extension, starting 01/07/2021.

b. Other Primary Care Contracts

Provider	Locality	Contract Type	Agreed End date	Notes
Language Empire Ltd	BNSSG	NHS Standard	30/09/2021	With option to extend by 2 years
Action on Hearing Loss	BNSSG	NHS Standard	30/09/2021	No further option to extend

A separate options paper will be presented to the committee in August 2021, with the objective of agreeing BNSSG's approach to the future commissioning of spoken and non-spoken service provision.

The pharmacy enhanced service contracts have been formally extended by 1 year. These will now expire on 31 March 2022. Further to this a contract variation has been issued to allow pharmacies to deliver the Community Pharmacy Minor Ailments Patient Group Directions service. This will mean that pharmacies will be able to supply prescription only medicines enabling episodes of care to be completed in the pharmacy.

4. Practice mergers/ Approved mergers

No new applications. The Primary Care contracting team are aware that Mendip Vale wish to progress a formal merger with Helios and Monks Park at a later date, however no formal application has been received.

Any formal applications will be taken through due process.

5. Closed list Applications

No new applications

6. Approved List Closures

No new applications

7. Partnership Change Requests

See section above re Helios Medical Centre

8. Branch Surgery Closures

The team are expecting two branch closure applications in due course. Once received, these will be taken through due process.

9. Temporary Branch Closures relating to Covid-19

Only one temporary branch closure, now remains in place. The practice is currently being supported with the formal branch closure process, including engagement and impact assessments.

As pressure escalates across Primary Care during the summer, we will be checking with practices the status of all branch surgeries and will report any temporary closures back to the committee.

10. Temporary Practice Hour changes

Practices have the ability to submit applications to close for a number of hours to allow them to plan for things such as training sessions and periods of significant IT downtime etc. All applications are considered individually, and the practices are asked to demonstrate the reasons for closure and the contingency for patients during these closures.

The table below details the number of applications received since 1 April 2021.

	N/Somerset	Bristol	S Glos	Totals
Applications	0	0	0	0
Practices	0	0	0	0

Enquiries have been received by two practices in July 2021 regarding the closing of telephone lines for an hour 'lunch' period. The Primary Care Contracting Team will make contact with both practices to understand the causes of the requests and offer support. In addition a practice has requested to close on a regular basis (1 afternoon per month) in order to have protected time for staff training. Once the formal application has been received it will be taken through due process.

11. Applications to Change Practice Boundaries

No new applications have been received.

12. Contract Breach and Remedial Notices

No Contract Breach or Remedial Notices have been issued. There are currently no live notices in place with any practice.

13. Phase 3 PCN Mass Vaccination Direct Enhanced Service

All practices signed up to the covid-19 vaccination programme DES for cohorts 1-9 (phase 1). Initially, we had received 100% sign up for cohorts 10-12 (phase 2). Two PCNs had indicated opting out and meetings were held to consider exit plans. As it stands both PCNs have now confirmed opt-in for Phase 2.

NHS England launched the phase 3 Mass vaccination DES on 14 July 2021. This will allow PCNs to continue to deliver those eligible in phase 1 and 2 as well as a booster programme from 6 September 2021. All PCNs have been requested to opt in with a deadline of close of play Wednesday 28 July 2021. Early indications are that there are some PCNs who will not take part in this phase. Plans to ensure sufficient population coverage in these areas will be presented to the committee in subsequent papers.

14. Weight Management / Long Covid Direct Enhanced Service

NHS England have released two new direct enhanced services for 21/22. These were offered to all practices on 28 June with a deadline for sign up on 23 July 2021. Although the sign up deadline is after, practices were able to start delivery from 1 July 2021. We will provide an update on sign up rates verbally at the meeting on 27 July 2021.

Weight Management

Through this enhanced service practices will be paid £11.50 per referral to one of four weight management services:

- NHS Digital Weight Management services for those with hypertension and/or diabetes.
- Local Authority funding tier 2 weight management services;
- Diabetes Prevention Programme for those with non-diabetic hyperglycaemia; or
- Tier 3 and Tier 4 services

We acknowledged that there is currently no tier 2 service in place in the Bristol Local Authority region. We have liaised with colleagues from the council who confirm that a pilot service is due to commence at the earliest from September 2021.

We would welcome views from the committee on how we may be able to support practices and patients who could be considered disadvantaged by the lack of tier 2 services in the Bristol area. We have been asked to consider allowing Bristol practices to claim for the identification and management of eligible Tier 2 patients, however the patient will not benefit from onward referral.

Long Covid

Upon sign up practices will be entitled to £0.371 per registered patient (75% of payment). This will be paid monthly. The list size is taken as at January 2021. The remaining £0.124 per registered patient (25%) will be paid upon commissioner confirmation that the required self-assessment has been completed by 31 March 2022.

The process for the self-assessment will be communicated at a later date. It will take the form of a declaration confirming that the following is in place:

- Workforce education and training in place on how to identify, assess and manage Long COVID; this learning may differ depending on the role and learning need of each professional
- Development of own practice/primary care network clinical pathway to enable supported self-management; this might include referral to a social prescriber or health and wellbeing coach
- Knowledge of local clinical pathways including how to signpost to support or refer to a specialist clinic where necessary
- Comprehensive data coding for Long COVID from the start date of the enhanced service (but retrospective coding opportunistically where practical)
- Equity of access plan, working with system partners, to help raise awareness of support and to understand potential barriers

15. Primary Care Performance Management Monitoring / Primary Care Recovery

All practices received the Expression of Interest for Local Enhanced Services at the end of May 2021.

The remaining 3 responses are being chased. The majority of practices are continuing enhanced services provision at the same level as they did in 19/20.

1 practice has removed themselves from the dementia LES and 1 practice has removed themselves from the insulin initiation LES. This will be followed up with the practice to understand the reason why and to try and encourage them to reconsider. We continue to encourage 100% sign of enhanced services where possible to ensure equal access to patients across practices.

In addition the Phlebotomy LES EOI has been issued. The final 12 responses are being chased. So far all responses have agreed to sign up to the LES.

All practices have been offered the opportunity to express an interest in the management of flu antivirals. Final responses are being chased. Approximately a third of practice have indicated willingness to deliver this service. This will be looked at in further detail to understand coverage across PCNs.

Improved Access Performance June 2021

The average number of minutes delivered across BNSSG in June was 81.1 / 1000 per week. This is in excess of the 45 minute standard but reflective of the additional IA capacity in place to support the Covid mass vaccination programme. All practices have been issued with allocations for the new financial year. There remains the ability to use IA capacity to support the covid mass vaccination programme.

16. Practice Resilience

Section 96 Applications

The Primary Care Contract team has received 1 new Section 96 Applications during this period. A panel will be set up to hear this application and to conduct a second review of a previous application due to the fact that further information has been submitted.

17. General Practice Resilience Programme

16.1 General Practice Resilience Programme

Practices are identified for the GPRP via the BNSSG CCG Quality and Resilience Dashboard. This is practices with red and amber ratings for resilience. Practices identified for the GPRP are then;

- Invited to take part in the GPRP
- Supported to undertake a stock take of the pressures affecting resilience, using the BNSSG CCG Resilience Information Collection Tool and the BNSSG CCG financial health check template
- Supported to develop a resilience improvement plan which is underpinned by a Memorandum of Understanding (MoU) signed by the Practice and the CCG
- Supported to implement the resilience improvement plan

Funding is available to support the development and implementation of improvement plans for practices identified for the GPRP. This funding is provided nationally as part of the primary care transformation funding (previously General Practice Forward View). Several services commissioned by BNSSG CCG as part of the GPRP to support practices with improvement plan implementation are provided by One Care BNSSG.

Practices can also approach the CCG and or One Care for support to improve resilience, sustainability and quality.

A total of 10 practices are currently in receipt of resilience support.

18. Primary Care Premises Update

This section of the Primary Care Contracts and Performance paper is updated quarterly. The last update was presented in April 2021.

17.1 Background

The BNSSG CCG Estates & IT Sub-Group meets monthly to consider key service and estates issues and identify where the strategic priorities are and how an estates baseline can help to determine a Primary Care Estates and Service Infrastructure Delivery Plan including:

- How to maximise investments in NHS PS premises for Primary Care use
- How to maximise use of key strategic sites
- Where the key capacity pressures from new housing are
- Where the key contractual pressures are – sustainability risks/contract handbacks etc
- Recognising the cost pressures of increased revenue from DV visits
- Supporting the development of key new estate via ETTF and MIG applications
- Develop, review and support Locality and PCN Estate plans and priorities.



**Bristol, North Somerset
and South Gloucestershire**
Clinical Commissioning Group

17.2 Capital Projects - Estates and Technology Transformation Fund (ETTF) and STP Capital Development Projects

Schedule of BNSSG Capital Projects Supported by NHS Grant Funding

Programme	Project	Funding Source	OBC / Concept Approval	FBC / Project Approval	Building Works Completion	Comments
Little Stokes PCN	Bradley Stoke	ETTF & GPs	May 2019	Dec 2019	April 2020	Works Complete and building operational.
	Coniston	ETTF & GPs	May 2019	Mar 2020	Jul 2020	Works Complete and building operational.
Pioneer Medical Group	Lawrence Weston	ETTF	Jan 2020	Jul 2020	Jul 2021	Works recently completed and building now operational.
	Avonmouth	ETTF & GPs	Sep 2018	Jan 2020	Dec 2020	Works Complete and building operational.
	Bradgate	ETTF & GPs	Sep 2018	Jul 2020	Jul 2021	Construction progressing well.
Glos Road Corridor	Glos Road MC	ETTF	Nov 2019	Aug 2020	Sep 2021	Construction progressing well and is on track. Preparation for exiting of temporary Nevil Road site underway.
	Monks Park	ETTF & GPs	Nov 2019	Oct 2020	Jul 2021	Construction progressing well.
	Falldon Way	ETTF & GPs	Nov 2019	TBC	TBC	Work is progressing on FBC and planning permission has now been secured. Work currently being undertaken to confirm the affordability of the scheme. A proposal will be brought forward to PCOG & PCCC when ready (likely to be in August 2021).
	Conygre	ETTF & GPs	Nov 2019	May 2021	April 2022	Planning permission is now secured, and works are out for tender. Additional ETTF capital has been secured Increased to deliver the enlarged proposal and NHSE have approved the scheme. Internal CCG approvals will be sought once final tendered price is returned by practice.
Tyntesfield PCN	Tower House	ETTF & GPs	May 2019	Mar 2021	May 2022	Practice is now designing and planning internal reconfiguration of the building to increase operational efficiency and new ways of working. Involvement in the mass vacs programme have delayed the practice



	Admin Hub	ETTF & GPs	May 2019	N/A	N/A	in developing and finalising plans. Works are due to go out to tender towards the end of Sept 2021. Practice has now aborted this project as economic fragility associated to Covid means they cannot secure the value they need from the sale of a of their Brockway site that is necessary to enable this project to progress.
Healthy Weston	Parklands Village	ETTF & S106	Dec 2018	Dec 2020	July 2022	All parties signed contracts in June 2021 and construction is due to get underway in August 2021.
	Central Weston	STP Wave 4	Jul 2020	November 2021	Jun 2023	Work on full Business Case is progressing.

Black Dates = Achieved previously

Green Dates = Achieved during reporting period

Grey Dates = Planned in future

17.3 Minor Improvement Grants (MIGs)

As the Minor Improvement Grants (MIGs) process was put on hold due to the COVID-19 Pandemic, the Capital funding from NHSE has been carried over into 2021/22 to ensure any schemes that were not completed before the 31st March 2021 were still able to be completed.

Following successful due diligence checks, 22 schemes have been approved to complete MIGs works. To date 12 schemes have completed works, a further 9 are due to complete works by the end of Q2 and 1 scheme remains working through due diligence.

17.4 Rent Reviews

Following review of the rent review process by Estates and contracting team rent reviews have now re commenced, however due to Covid-19 the District Valuer is only carrying out Desk Top Reviews.

17.4.1 Reviews in progress

There are currently 7 rent reviews in progress and an additional 2 reviews being appealed by the practice.

17.4.2 Upcoming reviews

There are 4 review due to be carried out in Q3.

17.4.3 Reviews delayed

13 reviews were carried over as incomplete from delegation. 25 reviews have been delayed due to Covid-19.

17.5 Budget Position

2021/22 Premises budgets had been set at 20/21 outturn level, with inflation added where necessary.

As at 30th June 2021 (Month 3), there are no variances shown against the Premises costs as there has been no indication to suggest the costs have deviated from the budgeted expenditure.

17.6 Requests for Additional GMS Reimbursable Premises/Space

We have received two formal applications for additional space, both of which were taken through due process and approved.

Informal additional space requests

The Primary Care Contracting Team received two informal additional space requests in May and June. Neither request was submitted through the Additional Space and IM&T request process. Practices have been advised of the correct process which is currently closed to submissions while the locality estate strategy programme lead by Archus is underway.

17.7 NHS Property Services & Community Health Partnership Premises

TIR GP lease and service charge progress

Completion of Leases: To date 0/17 completed.

BNSSG CCG is liaising with practices, NHS Property Services, and the LMC to settle historical debt in relation to CCG reimbursable premises costs owing to NHS PS. These funds have been passed on to practices by the CCG in 2018/19 and 2019/20, but in some instances, have not been passed on to NHS PS. These arrangements will see practices reimbursing the CCG these amounts, and the CCG will then pass these funds on to NHS PS.

In 2020/21, the CCG will pay NHS PS directly for the reimbursable amounts under the Premises Cost Directions. This will both aid the cash flow of NHS PS, and reduce the CCG risk around the unpaid liabilities.

17.8 Key Premises Information

Practices with applied abatements

Please note that the table below relates to sites rather than the number of practices within each locality, and that some sites have multiple abatements. Financial analysis will be developed to understand budget implications in future years.

CCG	Sites with No Abatement	Sites with Abatements	Total Sites
Bristol	38	16	54
North Somerset	18	11	29
South Gloucestershire	22	11	33
Totals	78	38	116

Number of GP Premises –Main / Branch

	Contracts	Main Premises	Branch	Shared Premises

Bristol		37	11	5
North Somerset		15	12	1
South Gloucestershire		22	8	1
Totals	80	74	31	7

Number of GP Premises – Rent Type

	Actual Rent	CHP	Block contract	Cost Rent	NHS PS	Notional Rent	Grand Total
Bristol	7	6	1	1	11	29	55
North Somerset	4				3	22	29
South Gloucestershire	1			1	5	26	33
Totals	12	6	1	2	19	77	117

18 Financial resource implications

There are specific financial resource implications highlighted within Primary Care Premises Update section of this paper. Any significant new estate financial commitments or requests, or contractual change requests, will be considered via separate papers and will include any relevant financial implications. Increases in financial revenue associated with District Valuer reviews are included in Section 17.5 – Budget Position.

19 Legal implications

There are no specific legal implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant legal implications.

20 Risk implications

There remains a risk until the partnership change is signed that the single partner that holds the Helios contract may give notice to retire without a new partner being found. This is equivalent to a contract handback and therefore options for the management of the patient list would need to be reviewed at pace.

There is a risk of the practice referenced in section 4 could hand back their contract should the situation in the practice deteriorate further or if merger discussions break down.

21 Implications for health inequalities

Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

22 Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

23 Consultation and Communication including Public Involvement

Whilst there has not been consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services.

24 Recommendations

The committee are asked to note the contents of this report for information.

Report Author: Louisa Darlison and Katherine Showler, Senior Contract Managers, Sukeina Kassam, Interim Head of Primary Care Contracting, Susie McMullen; Resilience and Quality Improvement Lead, Jacci Yuill; Lead Quality Manager, Tim James; Estates Manager.

Report Sponsor: **Lisa Manson, Director of Commissioning**

Appendices: None

Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations.

APMS	Alternative Provider of Medical Services - Type of GP contract
DES	Directed Enhanced Services
ETTF	Estates and Technology Transformation Fund
GMS	General Medical Services – Type of GP contract
MIG	Minor Improvement Grant
NHSPS	NHS Property Services
PMS	Personal Medical Services – Type of GP contract
PCN	Primary Care Network
TIR Lease	Tenant Internal Repair Lease